



Circuit Court for _____

Sitting as a Juvenile Court

City or County

In re: _____ **Case Number(s):** _____

DOB: _____

NOTICE OF APPEAL *

Please enter an appeal in the above-captioned case to the Court of Special Appeals of Maryland with regard to the Order dated _____.

The person or agency noting this appeal will request the transcripts from the following hearings:

Respectfully submitted,

Signature of Counsel/Pro Se

Address

City/State/Zip

Telephone

***Please note that Maryland Rule 8-207(a) Expedited appeal is applicable to this matter.**

Within **5 days of the filing of the notice of appeal** the appellant shall order the transcript(s);

Within **20 days of the filing of the notice of appeal**, the court reporter shall prepare the transcripts & file with the lower court;

Within **30 days of the filing of the notice of appeal**, clerk of the lower court shall transmit the record to the Court of Special Appeals.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, 200__, a copy of the foregoing Notice of Appeal In re _____ was ☐ handed ☐ mailed first-class, postage prepaid to the following:

☐ _____
Counsel for the Agency
Address: _____

☐ _____
Counsel for Mother
Address: _____

☐ Office of the Attorney General
311 Saratoga Street, Suite 1015
Baltimore, Maryland 21202

☐ _____
Counsel for the Child
Address: _____

☐ _____
Counsel for Father
Address: _____

☐ Office of the Public Defender
Appellate Division
William Donald Schaefer Tower
6 St. Paul Street, Suite 1302
Baltimore, Maryland 21202

Signature of Counsel/Pro Se